

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 30 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9142

1. PLACE OF DEATH

County Jasper
Township Jasper
City Jasper (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 111 (St. Ward)

2. FULL NAME Catherine Leon Bond

(a) Residence No. 406 Church St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 8 - 1921
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 8 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work School Girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joplin (STATE OR COUNTRY) Mo

10. NAME OF FATHER Charles L. Bond

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Bertrude Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Charles L. Bond (Address) Joplin Mo 406 Church St

15. FILED 3/22/30 A Benson Clark REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1930

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1930, to March 9, 1930, that I last saw her alive on March 7, 1930, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

1210
108 (duration) yrs. mos. ds.

CONTRIBUTORY Acute appendicitis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Home IF NOT AT PLACE OF DEATH. DID AN OPERATION PRECEDE DEATH? Yes DATE OF WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS (Signed) M. O. Dennis, M. D.

3-10-1930 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Park Cem DATE OF BURIAL March 11 1930

20. UNDERTAKER Frank-Siewers Co ADDRESS Joplin Mo

